CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL

			represented BEN JOE PEREZ					VOUCHER NUMBER			
3. MAG. DKT/DEF. NUMBER			4. DIST. DKT/ 1:07-0000	CR 5. AP	PEALS DK	(T/DEF. N	UMBER	6. OTHER DKT. NUMBER			
7. IN CASE/MATTER OF (Case Name)			8. PAYMENT	9. TY	PE PERSO	N REPRE	SENTED	10. REPRESENTATION TYPE (See Instructions)			
U.S. v. CRUZ			Felony	A	Adult Defendant			Criminal Case			
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 1) 18 641.F PUBLIC MONEY, PROPERTY OR RECORDS											
12. ATTORNEY'S NAME. (First Name, M.I., Last Name, Including any suffix) AND MAILING ADDRESS MANTANONA, RAWLEN M. BANKPACIFIC BUILDING 2ND FLOOR 825 SOUTH MARINE CORPS DRIVE TAMUNING GU 96913 Telephone Number: (671) 646-2001 14. NAME AND MAILING ADDRESS OF LAW FIRM (only provide per lastrace CABOT MANTANONA LLP BANKPACIFIC BUILDING, 2ND FLR 825 SOUTH MARINE CORPS DRIVE TAMUNING GU 96913					X O F Prior. A X Be otherwi (2) does or Ot St	13. COURT ORDER X O Appolating Counsel F Subs For Federal Defender P Subs For Panel Attorney Prior Attorney's Name: Appolution of Date: X Because the above-named person represented has testified under eath or has otherwise satisfied this court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose same appears in Hem 11 is appealed to represent this person in this case, or Other (See Instructions) Leilani R. Toves Hernandez Statistics of the Court Nume Pro Tane Date Repayment or partial repayment ordered from the person represented for this service at time of appointment. YES X NO					
						, ,					
CATEGORIES (Attach itemization of services with dates))	HOURS CLAIMED	AMO	TAL DUNT IMED	MATH/TECH ADJUSTED HOURS	MATH/TECH ADJUSTED AMOUNT	ADDITIONAL REVIEW	
15.	a. Arraignment and/	or Plea									
	b. Bail and Detention Hearings					_				<u></u>	
1	c. Motion Hearings					_					
'n	d. Trial e. Sentencing Hearings					_					
C						-					
u r	f. Revocation Hearings g. Appeals Court									· · · · · · · · · · · · · · · · · · ·	
ι	h. Other (Specify on additional sheets)					_					
(Rate per hour = \$ 94.00) TOTALS: 16. a. Interviews and Conferences						P			taga ing panahan i		
0	b. Obtaining and reviewing records										
t o	c. Legal research and brief writing					_					
Č	d. Travel time c. Investigative and Other work (Specify on additional sheets)					-					
0											
r t	(Rate per hour = \$ 94.00) TOTALS:										
17.	Travel Expenses	(lodging, parking	, meals, mileage,	etc.)	$\mathbb{Z}^{n} = \mathbb{Z}^{n}$						
18.	Other Expenses	other than expe	t, transcripts, etc	.)					• •		
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM TO						20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION 21. CASE DISPOSITION					
22. CLAIM STATUS Final Payment Interire Payment Number Supplemental Payment Payment Have you previously applied to the court for compensation and/or remimbursement for this case? YES NO If yes, were you paid? YES NO Other than from the court, have you, or to your knowledge has anyone else, received payment (compensation or anything or value) from any other source in connection with this representation? YES NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above stafements. Signature of Attorney: Date:											
				T		r					
23. IN COURT COMP. 24. OUT OF COURT COMP. 25. TRAVEL					EL EXPENSI	XPENSES 26. OTHER EXPEN			27. TOTAL AMT. APPR / CERT		
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER						DATE			28a. JUDGI	28a. JUDGE / MAG. JUDGE CODE	
29.	O. IN COURT COMP. 30. OUT OF COURT COMP. 31. TRAVE				EL EXPENSI	PENSES 32. OTHER EXPENSES 33. TOTAL AMT.			. AMT. APPROVED		
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Papproved in excess of the statutory threshold amount.							DATE 34a. JUDGE CODE			GE CODE	